

Foster Family Home - Corrective Action Report

Provider ID: 1-170028

Home Name: Jenelyn Laforga, CNA

94-502 Pilimai St.

Waipahu

HI 96797

Review ID: 1-170028-1

Reviewer: Carrie Wakai

Begin Date: 6/8/2017

End Date: 6/9/17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a 2 person new home application survey. Corrective action report issued at new home visit and written plan of correction due by 6/22/17.

Foster Family Home

Physical Environment

[17-1454-48]

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

48(a)(2) No grab bars present at toilet area.

Carrie Wakai
Compliance Manager

J. Laforga
Primary Care Giver


6-8-17
Date

08 JUN 2017
Date

Written Plan of Correction

June 09, 2017

48.(a)(2) the grab bar at the toilet area was installed June 08, 2017 and the home will check that the grab bar will kept secured at all times.


**JENELYN LAFORGA
94502 PILIMAI ST
WAIPAHU, HI 96797**